

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 723052

1. Entity Name  
LEDGES ASSOCIATION, INC. THE



Principal Place of Business  
C/O MRS. MARY MCKEON  
900 SOUTH OCEAN BLVD.  
DELRAY BEACH, FL 33483

Mailing Address  
C/O MRS. MARY MCKEON  
900 SOUTH OCEAN BLVD.  
DELRAY BEACH, FL 33483



04292005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

RUTHERFORD, CHARLES E.  
2600 NORTH MILITARY TRAIL  
FOURTH FLOOR, ONE CROCKER SQUARE  
BOCA RATON, FL 33431

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$64.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MCKEON, MARY
STREET ADDRESS	900 S. OCEAN BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	D
NAME	DE MARCO, CONSTANCE L.
STREET ADDRESS	900 SOUTH OCEAN BLVD.
CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	VD
NAME	PICCIANO, LOUIS JR
STREET ADDRESS	300 N. JENSEN RD.
CITY-ST-ZIP	VESTAL, N.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

05/05/05-80111-023 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary C. McKeon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone